## 2006 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # L02000016372 1. Entity Name TIDES, LLC Principal Place of Business Mailing Address PO BOX 2881 3550 SOUTH OLEAN BLVD SOUTH PALM BEACH, FL 33480 PALM BEACH, FL 33480 -03292006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0727642 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. DO NOT WRITE 941 FOURTH STREET MIAMI BEACH, FL 33139 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, lyped or printed name of registered egent and title if applicable (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 *1/000*000508909 04/23/05-80024-012 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PALOKA, PJETER PO BOX 2881 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 HILE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 313FE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 2 NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTER

CITY-ST-7iP

Daytime Phone #